

Contractor Name (as it currently appears on the contractor license): _____

Contractor Name (as it appears on articles of conversion): _____

Complete Mailing Address: _____

Phone: (____) _____

Division of Corporations Registration Number: _____

DOPL Contractor License Number: _____

DOPL CONVERSION APPLICATION

Answer “yes” or “no” to each question. Do not leave any question unanswered.

1. _____ Has the licensee been arrested for, charged with, or convicted of a misdemeanor or felony charge in any jurisdiction during the last 2 years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
2. _____ During the last 2 years has the licensee surrendered or had any disciplinary action taken against the license to practice in a regulated profession?
3. _____ Is the licensee currently under investigation or is any disciplinary action pending against the licensee now by any professional licensing agency?
4. _____ Do the licensee's total assets (what is owned) exceed total liabilities (what is owed)?
5. _____ Have all state and federal income taxes, payroll withholding, and unemployment insurance premiums been paid as required by law? (Answer “yes” if not applicable.)
6. _____ Have all (if any) judgments, liens, taxes, or child support payments been paid as required? (Answer “yes” if not applicable.)
7. _____ Has the licensee, while licensed under this license, reported to DOPL all instances of filing for bankruptcy, being subjected to an involuntary petition of bankruptcy, being adjudged bankrupt, or seeking protection under the bankruptcy laws? (Answer “yes” if not applicable.)
8. _____ Has continuous general liability insurance coverage of at least \$100,000 for each incident and \$300,000 aggregate been maintained? NOTE: Even if you are not using the license, insurance is still required.
9. _____ Has workers' compensation insurance coverage been maintained as required by law? (Answer “yes” if not applicable.)
10. _____ Has any claim paid by the Residence Lien Recovery Fund been reimbursed, in full, as required? (Answer “yes” if not applicable.)
11. _____ Is the licensee in good standing with all contractor licensing agencies, with no disciplinary actions taken or pending?
12. _____ Has the licensee notified DOPL for every change or loss of its qualifier? (Answer “yes” if not applicable.)

IF YOU ANSWER “YES” TO QUESTIONS 1-3 OR “NO” TO QUESTIONS 4-12, ATTACH A COMPLETE WRITTEN EXPLANATION.

Current Business Entity Type: _____ (sole-proprietor, corp., partnership, LLC, etc.)

Submit articles of conversion and documentation that business name or entity registration with the Division of Corporations is active.

Submit current certificate for liability insurance (in name of converted entity).

Submit verification of Federal Identification Number (in name of converted entity) **or**
provide Social Security Number: _____

Do you have employees? Yes ___ No ___ if yes, **Submit** the following:

- Verification of State of Utah Payroll Withholding Tax Number (in name of converted entity)
- Verification of State of Utah Unemployment Insurance Number (in name of converted entity)
- Current certificate of Utah Workers Compensation (in name of converted entity)

To verify payroll tax registrations (Federal Id #, Utah Withholding #, and Utah Unemployment #) please submit copies of documents, issued by each agency listed above, that show the converted entity name and account number of the registrant. Evidence of registration can be a copy of a quarterly billing statement or a payment coupon. If an employee leasing company is used submit a copy of the leasing agreement and a copy of the workers compensation certificate.

Submit name, title, date of birth, SS number, address, and percentage of ownership for each owner of entity.
Ownership must equal 100%.

FINANCIAL INFORMATION:

Please submit the most recent fiscal year-end or interim period statement (both the balance sheet and the profit & loss/income statement) for the converted entity and any guarantors. Financial statements can be either in-house or CPA prepared.

If contractor-prepared statements are submitted, please use Division forms.

If CPA prepared statements are submitted, they must include the entire CPA report including all footnotes and cover sheet stating that the statements are CPA compiled, reviewed, or audited.

(If the financial information submitted is for any person or entity other than the licensed entity you must also submit a signed guaranty form from the proposed guarantor. The following Guaranty Information is not required if the name of the financial information provided is in the same name as the converted entity.)

Name(s) of any Guarantor(s) whose financial information is used in demonstrating financial responsibility on this Questionnaire: _____

Guaranty Type (corp., individual, etc.): _____ Date Guaranty Signed: _____

NOTE:

Financial information that is not the applicant's may not be used unless you have all guarantors sign a DOPL-approved guaranty form. Contact DOPL at (801) 530-6628 or (866) 275-3675 for the correct form.

I, the undersigned, am authorized to sign this Questionnaire on behalf of the applicant. To the best of my knowledge, the information contained in this Questionnaire is free of fraud, misrepresentation, or omission of material fact; is truthful and correct; and discloses conditions regarding the applicant's financial responsibility.

Print Name of Authorized Signer

Title of Authorized Signer

Signature of Authorized Signer

Date Signed

NOTE:

Save all financial statements, supporting documents (bank statements, etc.), and guaranties used to complete this questionnaire for a minimum of 2 years beyond the license issue date. Information used is subject to audit by the Division.

Conversion Fees

\$35 Conversion Fee

Make Checks Payable to DOPL

Submit Application, Supporting Documents, and Fees to:

US Mail	Delivery or Express Mail
DOPL PO BOX 146741 Salt Lake City, UT 84114-6741	DOPL 160 East 300 South, 1 st floor Salt Lake City, UT 84114

Questions call (801) 530-6628 or within Utah toll free (866) ASK-DOPL